

Provider Type 58 Waiver for People with Physical Disabilities
WIN
Reimbursement Schedule

Updated: May 1, 2015

The data contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information provided herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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[Modifier List](#)

Specialty	Proc	Mod	Desc	Rate
000	S5120		CHORE SERVICES PER 15 MIN	3.75
000	S5125		ATTENDANT CARE SERVICE /15M	4.63
000	S5130		HOMAKER SERVICE NOS PER 15M	3.75
000	S5150		UNSKILLED RESPITE CARE /15M	3.63
000	S5160		EMER RESPONSE SYS INSTAL&TST	45.00
000	S5161		EMER RSPNS SYS SERV PERMONTH	40.00
000	S5165		HOME MODIFICATIONS PER SERV	3230.00
000	S5170		HOMEDELIVERED PREPARED MEAL	5.00
000	S5199		PERSONAL CARE ITEM NOS EACH	565.00
000	T2031		ASSIST LIVING WAIVER/DIEM	105.00
036	T1016		CASE MANAGEMENT	25.75
039	S5130		HOMAKER SERVICE NOS PER 15M	3.75
048	T2031		ASSIST LIVING WAIVER/DIEM	105.00
189	S5125		ATTENDANT CARE SERVICE /15M	4.63
303	T1016		CASE MANAGEMENT	15.84